



Livermore/Pleasanton Pediatrics Group

Financial Policy

Our goal is to provide and maintain a good patient-physician relationship. Letting you know our office financial policy in advance allows for a good flow of communication and enables us to achieve our goal.

Please read each section carefully and initial. If you have any questions, do not hesitate to ask a member of our staff.

Rev. 4/10

Insurance

- On arrival, please sign in at the front desk and present your current insurance card and photo ID at every visit. You will be asked to sign and date the file copy of the card. This is your verification of the correct insurance and consent to bill them on your child's behalf. **IF THE INSURANCE COMPANY THAT YOU DESIGNATE IS INCORRECT, YOU ARE RESPONSIBLE FOR PAYMENT OF THE VISIT AND FOR SUBMITTING THE CHARGES TO THE CORRECT PLAN.**
Initial: _____
- If any provider in this practice is your child's primary care physician, make sure our name or phone number appears on your insurance card. If your insurance company has not been informed by you that we are your primary care physicians as of the date of the visit, you will be responsible for the visit.
- According to your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances. CO-PAYS ARE DUE AT THE TIME OF THE VISIT ***by the person who brings the child into the office.*** If your child is a teenager and is coming in without a parent/guardian, please send the co-pay with your child. There is an additional fee of \$10 if co-payment is not paid at time of service or within 72 hours of the original visit. Co-pays can be paid by phone with a credit card if necessary.
- Dual insurance patients are required to pay the primary insurance co-payment at the time service is rendered. It is too difficult to determine which secondary insurance companies will cover the primary co-payment. Because of the cost of billing, we ask for these payments in advance.
- While filing of insurance claims is a courtesy that we extend to our patients, ***all charges not covered by your insurance company are your responsibility.*** Physicals, well-child checks, or consults, and the like, may be rescheduled if there are outstanding balances. If you are experiencing financial difficulty, please let us know.
- Patients with an outstanding balance more than 60 days overdue must make arrangements for payment prior to scheduling appointments. Parents are ultimately responsible for any charges or portion thereof for which payment is denied by insurance for whatever reason, except where prohibited by law or prior contractual agreement.
- Our business office experiences many problems with billing for families that are not in the same household. We will only bill one household or single location to be designated by the parents. We are ***NOT RESPONSIBLE*** for the division of charges for accounts with divorced families. If the charges remain unpaid, ***BOTH*** parents will be sent to collection. The coordination of benefits/payments is the responsibility of the parents.

Initial: _____

Payment Information:

- Livermore/Pleasanton Pediatrics accepts cash, personal checks, VISA, MasterCard, and Discover payment's on accounts. Payments can also be made through our website at: www.livermorepleasantonpeds.com. There is a service charge of \$35 for a returned check.
- Health insurance is a contract between you, your employer, and your insurance company. It is important for you to be an informed consumer who understands the specifications of your insurance policy (e.g., vaccine and doctor visit coverage, referral/authorization requirements for specialty care, radiology, lab tests, emergency and/or hospital care) Please review the different types of insurance plans below:
 - ▶ For patients with **private (such as international health plans)** or **no insurance**, full payment is required at the time of service.
 - ▶ For patients with **Managed Care plans (HMO, POS)**, co-payment is required at the time of service (this is an insurance company rule). The amount of the **co-payment** varies with different plans. You are responsible for knowing the co-payment amount and **primary care physician** listed on each child's card.
 - ▶ For patients with a **PPO plan**, payment is required at the time of service until each year's deductible has been met. After that, we require co-payments or your liability to be paid at the time of service. The billing department will work with you on a monthly payment plan if necessary.
 - ▶ If you participate with a high-deductible health plan, we require a copy of the health savings account debit/credit card or a payment plan to be arranged with the business office before or immediately following the first visit.
 - ▶ For patients with **Alameda Alliance**, a current card is required at the time of service. Patients are responsible for payment services provided if no card is received and/or no eligibility can be confirmed. Well-child services will be rescheduled if no eligibility is available at the time of the visit.
- Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within 10 business days of receipt of your bill.
- If previous arrangements have not been made with our business office, any account balance outstanding greater than 28 days will be charged a \$5 re-billing fee each month any balance is outstanding. Any balance over 60 days will be forwarded to a collection agency unless payment arrangements have been made with our billing office.
- If you have personal financial problems, we can arrange for monthly payment options. Please call our business office at (925)455-5050 ext. 8832 and speak to one of our billing specialists. If we must send your account to collection, there will be extra charges assessed.

Initial: _____

Appointments:

- ***If you are late for an appointment, we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment to later in the day or if it's a well/physical visit to another day.***
- Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. We reserve the right to charge a fee for cancelled or missed appointments. For cancellations, 24 hours' notice prior to the appointment is requested. If you cancel the appointment at the time of the appointment you will be charged a cancellation fee. Please review the LPP No-Show Policy for complete details. Multiple missed appointments may result in dismissal from the practice.

- We strive to minimize wait time. However, emergencies, and unexpected prolonged visits do occur and will take priority over a scheduled visit. We appreciate your understanding.
- We call to remind parents about their appointments as a courtesy. For a variety of reasons sometimes we can't reach you. The ultimate responsibility to remember the appointment is yours. If an appointment is missed you will be responsible for a missed appointment charge.

Initial: _____

Referrals

- If you call us for a referral it typically takes 3 to 5 business days to get the request approved.
- In most cases, a referral to a specialist for an HMO patient requires a visit with your child's primary care physician (an LPP physician) before the referral can be requested. This **IS** an insurance company rule.
- It is your responsibility to know if a selected specialist participates in your plan.
- Remember, we must verify all referrals before they are issued. No retroactive referrals will be given.

Initial: _____

Forms and Fees

- There is a \$10 fee for the review and completion of forms **not** provided at the time of well/physical appointments. Please bring your form to the physician visit or we can provide you with a generic form that may not fulfill the requirements of your organization. If you drop off forms to one of our offices and need it filled out, please allow 3-5 business days for these forms to be completed. Visit our website www.livermorepleasantonpeds.com for a link to many local school websites to obtain copies of some forms. Please specify at which office you will be picking up the form.
- There is a \$20 charge for after hours calls that are transferred to the advice nurse whether or not you also speak to a doctor. This charge represents the cost we have to pay for this important service.
- If you have lost your child's yellow immunization card there will be a \$10 charge to replace it.
- After office hours phone calls from the doctor to discuss issues with your child may be charged. We will submit a bill first to your insurance company. These telephone visits may not be covered by your insurance company. If these charges are not a covered benefit of your insurance plan you will be responsible to pay them.

Initial: _____

Transfer of Records

- If you transfer to another physician, we will provide a copy of your immunization record, free of charge, as a courtesy to you. Please allow 48 hour notice.
- A copy of your child's complete record is available for \$25 per child. This amount must be pre-paid before the release request is processed. Please allow 10-14 business days for request to be completed. We do not transfer previous doctor record's, you must request them directly from your previous doctor(s).

Initial: _____

Prescription Refills

- For monthly medication refills, we require 48 hours notice, during regular business hours. Please plan accordingly.

Initial: _____

I have read and understand this office policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name (s) _____

Responsible Party Member's Name _____ **Relationship** _____

Responsible Party Member's Signature _____ **Date** _____